



WAIVER NURSING

06/01/2014

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OAC Medicaid Rules

- **5160-46-04** Ohio Home Care Waiver: definitions of the covered services and provider requirements and specifications.
- **5160-12-02** Private Duty Nursing: services, provision requirements, coverage and service specification.
- **5160-12-02.3** Private Duty Nursing: procedures for service authorization.
- **5160-12-03.1** Non-agency nurses and otherwise-accredited agencies: qualifications and requirements.
- **5160-12-04** Home health and private duty nursing: visit policy.
- **5160-12-05** Reimbursement: Home Health Services
- **5160-12-06** Reimbursement: private duty nursing services.
- **5160-12-07** Reimbursement: exceptions.

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ODA Rule

- **173-39-02.22** Waiver Nursing

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DEFINITIONS

- **Waiver Nursing Services**- services that require the skills of a registered nurse (RN) or licensed practical nurse (LPN) at the direction of an RN.

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Waiver Nursing



- Waiver Nursing must be:
 - performed within a nurse's scope of practice
 - on the service plan and care plan
 - a face-to face, “in-person” encounter
 - medically necessary

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Waiver Nursing does NOT include:



- Delegated nursing services to be performed by individuals who are not licensed nurses.
- Psychiatric nursing.
- Supervisory visit requirements.
- Visits performed for the sole purpose of conducting an "OASIS" assessment.
- Home Care Attendant Service nurse consultation requirements.
- Services performed in excess of the number of hours approved pursuant to, and as specified on the individual's service plan.

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Types of Nursing Service



- **Home Health Nursing (state plan)** is "intermittent" skilled nursing care with a visit limit of 4 hours (16 units) or less.
- **PDN (state plan)** (Private Duty Nursing) is "continuous" skilled nursing care with a visit limit of more than 4 hours (17 units) but less than or equal to 12 hours (48 units).
- **Waiver Nursing (waiver)** is nursing care that requires the skills of an RN or LPN at the direction of an RN. It can be intermittent or continuous. Waiver Nursing can be used for respite.

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Providers

Waiver Nursing Providers must:

- ❖ Be **ODA Certified**-must be-(Medicare Certified Home Health Agencies, CHAP/ACHC/Joint Commission Home Health Agencies, Non-agency RN/LPN)
- ❖ Be identified as the provider on the service plan
- ❖ Be providing services as per the care plan
- ❖ Provide services for one individual, or up to three individuals in a group setting, during a face-to-face nursing visit

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Waiver Nursing Service Provider Eligibility

The waiver nursing service provider **cannot** be:

- Consumer's spouse, parent or step-parent
- Authorized representative
- Legally responsible family member
- Legal guardian
- Power of attorney
- Foster caregiver
- Authorizing health care professional





Providers Place of Service



- Individual's place of residence -Individual's place of residence is wherever the individual lives, whether the home is the individual's own dwelling, an apartment, a relative's home, or another type of living arrangement.
- Place of residence does not include-a hospital, nursing facility, or intermediate care facility for the mentally retarded (ICF-MR, ICF-IID),the residence or business location of the provider.

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Care Planning- Case Manager

- Care planning considerations:
 - Assess the needs of the individual
 - What is the nursing need?
 - What is the frequency of the need?
 - Is it a respite need?
 - Identify the resources available to meet the individual's assessed needs
 - Create the care plan
 - Create the waiver service plan



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Care Planning- Back-up Plan

PASSPORT consumers receiving Waiver Nursing services must have a back-up plan identified in their care plan for the Waiver Nursing service. The case manager will work with the consumer to determine an appropriate back-up plan that will meet the needs of the consumer.

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Service Planning

- Resources in order of utilization:
 - Natural (family/friends) support
 - Community resources
 - Commercial or private insurance
 - Medicare
 - Medicaid state plan
 - Medicaid HCBS waiver services



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Service Authorization

- The PAA Case Manager must authorize:
 - Waiver Nursing-based on the nursing needs of the individual that are not being met through state plan Home Health Nursing or state plan PDN.

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Service Authorization

- Must get ODM authorization for:
 - (State Plan) PDN- prior authorization is always required for PDN, with exception of the 60 day post-hospital stay benefit. ODM determines eligibility for PDN in addition to the amount, scope and duration of services.
 - (State Plan) Home Health Nursing in excess of 8 hrs. per day or 14 hrs. per week

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Service Authorization

- **No prior authorization by ODM needed:**
 - **State Plan Home Health Nursing**- 4 hours or less per visit, up to 8 hrs. per day (combined nurse/aide/therapies), **up to 14 hours per week** (combined nurse/aide)
 - **State Plan Home Health Nursing 60 day post hospital stay**- 4 hrs. or less per visit, up to 8 hrs. per day (combined), up to 28 hours per week (combined). Must complete JFS Form 07137.
 - **State Plan Private Duty Nursing 60 day post hospital stay**- more than 4 but max of 12 hours per visit, up to 56 hours per week. Must complete JFS Form 07137.

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PDN Service Limits

- **Visit must be more than 4 hours (17 units), and less than or equal to 12 hours (48 units):**
- **Minimum of 2 hours between visits:**
- **No “stacking” of similar nursing services to avoid 2 hour break between visits.**



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Home Health Service Limits



- **No “stacking” of like or similar “scope” of services**

–Example: 4 consecutive hours of personal care services can not be authorized as 2 hours of HH aide (G0156) and 2 hours of Ohio Home Care waiver personal care aide (T1019) without a 2-hour break. HH aide can not be used for respite. A 2-hour gap is required.

- **Different or dissimilar services can be delivered “back to back”**

–Example: 2 hours of HH aide (G0156) followed by 4 hours of waiver nursing (T1002 RN or T1003 LPN) followed by 2 hours of HH aide (minimum 2-hour break in “like” services occurred)

–Example: 4 hours of HH aide (G0156) followed by 2 hours of PASSPORT homemaker service (PT570, PT572), followed by 2 hours of HH aide (minimum 2-hour break in “like” services occurred)

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FORMS



- **JFS 07137** *Certificate of Medical Necessity for Home Health Service and PDN Services*-physician completes
- **JFS 02374** *Private Duty Nursing Request Form*-ODA case manager completes, must be signed by the consumer or authorized rep.
- **Permedion form:** *Prior Authorization of Increased State Plan Home Health Services*-provider completes

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FORMS

- **(State Plan) PDN**- ODA case manager e-mails a scanned, completed JFS Form #02374 (Private Duty Nursing Services Request Form) to PDN_BCSP@jfs.ohio.gov or fax it to 614-387-7661.
- **(State Plan) Home Health Nursing** in excess of 8 hrs. per day or 14 hrs. per week. Provider completes Permedion “Prior Authorization of Increased State Plan Home Health Services” form and faxes to:1-855-474-4306



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PIMS



- The ODA case manager must enter the total units of waiver nursing authorized per day or month on the service plan in PIMS.
- The ODA case manager must always put the number of visits per day in the comment box on the service plan if there are multiple visits per day.
- The provider **must** bill each visit on a separate line.

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RATES



Waiver Nursing (agency nurse RN or LPN):

- \$52.20 for first hour
- \$5.69 for each unit (15 min.) thereafter
- Code for RN: T1002
- Code for LPN: T1003

Waiver Nursing (non-agency & individual provider RN or LPN):

- \$41.76 for first hour
- \$5.69 for each unit (15 min.) thereafter
- Code for RN: T1002
- Code for LPN: T1003

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RATES

- Group rate is 75% of individual rate.
- HQ modifier for T1002 (RN) and T1003 (LPN)



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LINKS

Links to ODM/ODJFS Web Pages

- **ODJFS Form # 02374 and # 07137 available at**
<http://www.odjfs.state.oh.us/forms/inter.aspx>
- **Home Health (HH) Services**
<http://medicaid.ohio.gov/PROVIDERS/ProviderTypes/HomeHealthServices.aspx>

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Links



Private Duty Nursing (PDN) Services:

<http://medicaid.ohio.gov/PROVIDERS/ProviderTypes/HomeHealthPrivateDutyNursing.aspx>

PDN prior-authorization mailbox
PDN_BCSP@jfs.ohio.gov

eManuals <http://medicaid.ohio.gov/providers.aspx>

–Miscellaneous links at this location include ‘Enrollment & Support’, ‘Provider Types’, ‘Other Resources’ (eManuals, forms, etc.), and ‘News’

–Under ‘Other Resources’ Click on eManuals > Provider Types (more) > Ohio Health Plans – Provider (more) > Home Health-Private Duty Nursing

- Here you can click on Home Health/Private Duty Nursing Rules, Forms, General Billing Instructions, Medical Assistance Letters, & Miscellaneous Medicaid Handbook Transmittal Letters

- Rules at this location have changes [deletions (struck or lined out) and additions] indicated

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STATE PLAN

	State Plan Home Health Nursing	State Plan Home Health Nursing-60 day post hospital stay	State Plan Private Duty Nursing	State Plan Private Duty Nursing-60 day post hospital stay
Services	*Part-time intermittent nursing (4 hours or less per visit)	*Part-time intermittent nursing (4 hours or less per visit)	*Continuous skilled nursing	*Continuous skilled nursing acute care
	*No more than 8 hours/day combined (nursing, aide, therapies)	*No more than 8 hours/day combined (nursing, aide, therapies)	*More than 4 but max of 12 hours per visit	*More than 4 but max of 12 hours per visit
		*Up to 60 consecutive days post hospital discharge		*Up to 60 consecutive days post hospital discharge
	*No more than 14 hours/week combined (nursing/aide)	*No more than 28 hours/week combined (nursing/aide)	*ODM determines the amount, scope and duration of services	*Up to 56 hours per week
	*NOT FOR RESPITE OR HABILITATIVE CARE, OR THERAPY MAINTENANCE CARE	*NOT FOR RESPITE OR HABILITATIVE CARE, OR THERAPY MAINTENANCE CARE	*NOT FOR HABILITATIVE CARE	*NOT FOR HABILITATIVE OR MAINTENANCE CARE
Eligibility Requirements	*Medical need	*Medical need	*Medical need	*Medical need
	*Doctor's order	*ILOC, SLOC, ICF MRDD LOC-(07137 completed)	*ILOC, SLOC, ICF MRDD LOC	*SLOC-(07137 completed)
	*Face-to face encounter	*Face-to face encounter	*Prior Authorization Required by ODM	
		*Skilled service need 1x/wk		
				*3 consecutive overnight hospital stay
Eligible Providers	*Medicare Certified Home Health Agencies only.	*Medicare Certified Home Health Agencies only.	*Medicare Certified Home Health Agencies, CHAP/ACHC/Joint Commission Home Health Agencies	*Medicare Certified Home Health Agencies, CHAP/ACHC/Joint Commission Home Health Agencies
	*NO INDEPENDENT PROVIDERS.	*NO INDEPENDENT PROVIDERS.	*Non-agency RN/LPN	*Non-agency RN/LPN
Billing Codes	*Nurse-G0154	*Nurse-G0154	*T1000	*T1000
		*Hospital discharge date is required		*Hospital discharge date is required



THANK YOU

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